

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$896.15 for dates of service commencing on 05/09/01 and extending through 10/02/01.
- b. The request was received on 05/06/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. Remittance Advice
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was faxed to the Requestor on 06/11/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response in the dispute packet.

### **III. PARTIES' POSITIONS**

1. Requestor: Noted on the Table of Disputed Services  
“Insurance carrier may not reduce our bills based on a contract that is non-existent We have no contract with Ins. Carrier...”
2. Respondent: No response found

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 05/09/01 and extending through 10/02/01.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$2,313.67 for medication dispensed on the dates above in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$1,417.52 for medication dispensed on the dates above in dispute.
5. The Carrier's EOBs do not show a denial code. Pursuant to Rule 133.307 (j) (2), these EOBs cannot be used. This denial will be reviewed as an "F" denial.
6. Per the Requestor's representative the amount in dispute is \$896.15 for medication dispensed on the remaining dates above in dispute.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/09/01	Lorcet	\$135.71	\$106.16	No denial	No MAR for all dates	TWCC Rule 133.304 (c ); MFG Pharmaceutical Fee Guideline	The Provider has submitted “REMITTANCE ADVICE” from the Carrier. This information does not show a denial code. Therefore, this dispute will be addressed as an “F” denial.
05/09/01	Vanadom	\$85.99	\$13.48				
05/25/01	Lorcet	\$135.71	\$106.16				
05/25/01	Vanadom	\$85.99	\$13.48				
06/12/01	Lorcet	\$267.42	\$210.09				
06/12/01	Carisoprodol	\$54.92	\$22.87				
07/02/01	Lorcet	\$267.42	\$210.09				
07/02/01	Carisoprodol	\$54.92	\$22.87				
08/13/01	Vanadom	\$85.99	\$66.94				
08/13/01	Lorcet	\$267.42	\$210.09				
08/24/01	Soma	\$204.88	\$37.05				
09/04/01	Lorcet	\$135.71	\$106.16				
09/10/01	Soma	\$204.88	\$37.05				
09/19/01	Lorcet	\$135.71	\$106.16				
10/01/01	Lorcet	\$135.71	\$106.16				
10/02/01	Percocet	\$55.29	\$42.71				
Totals		\$2313.67	\$1417.52				The Requestor is entitled to reimbursement in the amount of <b>\$896.15</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$896.15** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of March 2003.

Denise Terry  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DT/dt